PLACE OF BIRTH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NA CTIME DOLLER
County of BUREAU OF	NA STATE BOARD OF HEALTH VITAL STATISTICS State Index No. 150
District of W Mark College of Mayden	THE MICK HOLE CAMP
Town of Christmas	RTIFICATE OF BIRTH Co. Register No. 2
Or City of (No	Local Registrar's No.
1	St;Ward)
FULL NAME OF CHILD A SUR MIGHEL Born YES If child is not named, make Sopplemental Report on blank obtainable from local registrar. Alive NO	
Child Male Triplet and in ord of birt	der 3 Legiti- Date of // 16 1014
Name Miguel Wrias	Full Maiden Fauce Gacia
Residence Christinos asia	Residence (1)
Color Age at last 4/1 (Years)	Color or Race Model Birthday 30)
Birthplace Oyulla ma	Birthplace (Years)
Decupation Mines	Occupation Housewile
umber of child of this mather_ 3 Number of Children, of this mother, now living_	3 Were precautions taken against Ophthalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
hereby certify that I attended the birth of the above child; and that it occurred on 11 1917, att 3 4M.	
When there is no attending physi-	(Signature) (Attending physician, midwife, householder.*)
Given or Christian name added from a	
applemental report191 Filed	Address MS Comar (WSM)
140-116-871 Filed John	Q 191 A. True Copy S LOCAL REGISTRAR.
	COUNTY REGISTRAR.

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